



SECRETARY OF STATE  
**KEVIN SHELLEY**  
STATE OF CALIFORNIA

# ELECTION COMPLAINT FORM

**IMPORTANT: Please TYPE or PRINT all of the information on this form.**

## 1. YOUR PERSONAL INFORMATION

LAST NAME		FIRST NAME	
STREET ADDRESS		APT. #	
CITY	STATE	ZIP	
DAYTIME PHONE:(     )		EVENING PHONE:(     )	
FAX NUMBER: (     )		EMAIL ADDRESS:	

## 2. SUBJECT OF YOUR COMPLAINT

Your complaint may be a state or federal law violation. Common complaints are listed below. Please check off the subject of your complaint and explain in detail in Section 3 on the next page.

### **STATE LAW VIOLATIONS** [Note: State law violations do not need to be notarized.]

<input type="checkbox"/> I was not allowed to vote in secret.	<input type="checkbox"/> I did not receive a sample ballot.
<input type="checkbox"/> I was not allowed to turn in my absentee ballot.	<input type="checkbox"/> I observed the casting of a fraudulent vote.
<input type="checkbox"/> I was not allowed to ask questions or ask for assistance.	<input type="checkbox"/> My polling place was not open (either on time or at all).
<input type="checkbox"/> I was not allowed to vote, even though I was standing in line before the polls closed.	<input type="checkbox"/> Pollworkers inappropriately asked me for identification in order to vote.
<input type="checkbox"/> I was not able to vote because I wasn't given assistance to accommodate my disability.	<input type="checkbox"/> I observed pollworkers acting or saying something discriminatory.
<input type="checkbox"/> I was not able to vote because I wasn't given assistance in my own language.	<input type="checkbox"/> I observed inappropriate electioneering or campaigning too close to the polls.
<input type="checkbox"/> I was not provided election materials in my own language.	<input type="checkbox"/> I was not allowed to re-vote after I made a mistake.
<input type="checkbox"/> My voter registration information was altered.	<input type="checkbox"/> Officials neglected to perform their duties.
<input type="checkbox"/> Other state law violation: _____	

**FEDERAL LAW VIOLATIONS** [Note: All federal law violations must be notarized (see reverse). The Help America Vote Act (PL.107-252) allows individuals to file a complaint if a violation has occurred, is occurring, or is about to occur.]

<input type="checkbox"/> I was not allowed to vote using a provisional ballot.	<input type="checkbox"/> Provisions regarding verification of new voter registration were not followed.
<input type="checkbox"/> Required voting information was not publicly posted in a polling place on Election Day.	<input type="checkbox"/> I was not able to determine whether my provisional ballot was counted.
<input type="checkbox"/> Other federal law violation: _____	

**CONTINUED ON REVERSE →→→→→→→→→→→→→→→→**

### 3. DETAILS OF THE COMPLAINT

Explain the details of your complaint. Include names (such as names of any witnesses), addresses (including the address of the polling place), dates, and any other information to fully describe what happened. If you need additional space, please attach a separate sheet:

### 4. SIGN AND ATTEST

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on \_\_\_\_\_, at \_\_\_\_\_, \_\_\_\_\_.  
(date) (city) (state)

Signature of Person Filing Complaint \_\_\_\_\_

**If your complaint is a Federal Law Violation, a notary public must complete the following certificate of acknowledgement.**

#### CERTIFICATE OF ACKNOWLEDGMENT

State of California }  
County of \_\_\_\_\_ } ss

On \_\_\_\_\_ before me, \_\_\_\_\_, personally appeared \_\_\_\_\_.  
(date) (name of notary) (name of complainant)

The person filing this complaint is:

☐ personally known to me, or ☐ proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to the within instrument and acknowledged to me that he/she executed the same in his/her/their authorized capacity, and that by his/her signature on the instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.  
(Notary Seal)

\_\_\_\_\_  
(Notary Signature)

**Return this form to:**  
**SECRETARY OF STATE'S OFFICE**  
**ELECTIONS DIVISION - INVESTIGATIONS**  
**1500 11<sup>TH</sup> STREET, 5<sup>TH</sup> FLOOR, SACRAMENTO, CA 95814**

**For more information:**  
**English: 1-800-345-VOTE (8682) ♦ [www.myvotecounts.org](http://www.myvotecounts.org)**  
**Spanish: 1-800-232-VOTA (8683) ♦ [www.mivotocuenta.org](http://www.mivotocuenta.org)**